



Real Estate and Investment Services

Please return to: 1375 Piccard Dr., Suite 210
Rockville, MD 20850

Business Member Application

Applicant's Name: _____	Business Phone: (____) _____
Business Name: _____	Business Fax: (____) _____
Business Address: _____	Cell Phone: (____) _____
City: _____ State: _____ Zip: _____	Chapter: _____
Email Address: _____	Business Category: _____
	Invited By: _____

PAYMENT IS DUE AT TIME OF APPLICATION AND WILL BE PROCESSED UPON ACCEPTANCE

Annual Membership Fee:	\$450.00
Method of Payment:	
<input type="checkbox"/> Company Check	<input type="checkbox"/> Personal Check
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Name on Card: _____	
Billing Address: _____	
Card Number: _____	
Expiration Date: _____	CCV #: _____

BILLING PROCESS
If paying by check, please pay the full amount of the annual membership fee.
When paying by credit card, \$112.50 will be charged to your card at the time of application and on the first day of each quarter until membership is terminated.

APPLICATION QUESTIONS:

1. Please briefly describe your business: _____
2. Please describe your educational background as it applies to your profession or any applicable degrees, licenses, or credentials:

3. Is there an individual in your company who can attend REIS meetings when you are unavailable? Yes No
4. How long have you been in the profession you will be representing at REIS? _____
5. Would you be willing to serve in a leadership position within the REIS chapter? Yes No

I HEREBY CERTIFY AS FOLLOWS:

1. I possess all necessary licenses and/or insurance for the type of work I perform.
2. I work full-time in the business category selected
3. I will attend all regularly scheduled meetings or supply an alternate.
4. I agree to conduct myself in a professional and ethical manner at all times.
5. I will support my REIS chapter and its members by passing qualified referrals, inviting guests and sponsoring new members.

I understand that failure to perform any of these requirements may be grounds for termination of my membership in the Chapter. If paying by credit card, I authorize the charges specified in this application until I my membership is terminated.

Signature

Date

Upon completion, print and mail the form to the address at the top or deliver to the Chapter Chair at your next chapter meeting.